Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Kelly Dolan	M M / D D / Y Y Y
Mailing Address 543 S 2nd St	11 10 2014 Amount
City State Zip Code	60.00
Bellaire NC 77401	Transaction ID: f266e250-b665-41be-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 10 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
Mailing Address 543 S 2nd St	11 10 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	3.90
Bellaire NC 77401	Transaction ID : fa4fce1b-679b-4e20-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	63.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	1 12 2014
Signature	

Schedule E)	INT EXI END	ITOTILO		PAGE 2 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee	<u> </u>		Date of	of Public Distribution/Dissemination
Susan K Hamby			М	11 10 2014
Mailing Address 202 Violet St			Amou	nt
City	State	Zip Code		10.00
West Monroe	LA	71292		action ID : c47c8334-ca74-4189-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 10 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Susan K Hamby				11 10 2014
Mailing Address 202 Violet St			Amou	nt
City	State	Zip Code	$\neg \Gamma$	0.60
West Monroe	LA	71292		oction ID : 32fe14b1-5d55-4f55-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	N	11 10 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	264421.29	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			10.60
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	111	12 / Y Y Y Y Y Y 2014

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Amanda Boley	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive	ount
City State Zip Code	77.50
charlotte NC 28227 Tra	Insaction ID : 5c9d57c6-0264-40dc-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 264421.29 2014	
	Other (specify)
Full Name of Payee Da Amanda Boley	te of Public Distribution/Dissemination
Mailing Address Split Oak Drive	11 10 2014 nount
City State Zip Code	17.13
	nsaction ID: 273440e1-17ca-447e-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 11 / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	94.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 3

OF

Schedule E)	T LAPLIND	ITORES		PAGE 4 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Corey S McKnight			M = M	
Mailing Address 1510 Bailey St			Amount	10 2014
City	State	Zip Code		30.00
West Monroe	LA	71292		on ID : 4cd26ca7-c237-40c2-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement Fo 2014 Other	r:
Full Name of Payee	_		Date of P	ublic Distribution/Dissemination
Heather A Smith			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		36.00
Calhoun Purpose of Expenditure	LA	71225		on ID: 6748d757-cc5a-44ca-a hisbursement or Obligation
Salary		Category/ Type 001	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			66.00
(b) SUBTOTAL of Unitemized Independent Expend	itures			
				4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		2014
olyliature				

Schedule E)	INI EXI END	ITOTILO		PAGE 5 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather A Smith			M = M	ic Distribution/Dissemination
Mailing Address 995 Clairborne Rd			Amount	10 2014
City	State	Zip Code		18.60
Calhoun	LA	71225		ID: c695e3ed-992f-471c-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	264421.29	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jenny N Brown			11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71292		D: 60d2ce0a-a976-4fc6-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	264421.29	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	58.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				4 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
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Schedule E)	VI EXI END	ITOTILO		PAGE 6 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jenny N Brown			11 /	10 / 2014
Mailing Address 1270 Lovelady Rd			Amount	
City	State	Zip Code		9.00
West Monroe	LA	71292		D: a8307d4b-416b-4a25-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 Jan 1	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	264421.29	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	c Distribution/Dissemination
Chelsey Waite			M = M 11	10 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		30.00
Baton Rouge	LA	70816		D: 89213e11-f569-4722-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	264421.29	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			39.00
			4	
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	4
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014

Schedule E)	TI EXI END	TOTILO		PAGE 7 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Charleen Ecuyer				11 10 / 2014
Mailing Address 3738 Woodland Ridge Blvd			Amou	nt
City	State	Zip Code		30.00
Baton Rouge	LA	70816		raction ID: d5e46097-c754-4160-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	The state of the s	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursemen 2014 O	ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Charleen Ecuyer			T.	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3738 Woodland Ridge Blvd			Amou	
City	State	Zip Code	— I.	4.50
Baton Rouge	LA	70816		action ID: 199fb8ce-143f-47a4-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 10 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	264421.29	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	34.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	111	12 / 2014
U				

Schedule E)	NI EXI END	TOTILO		PAGE 8 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Vanessa E Ecuyer			M = M	olic Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			Amount	10 2014
City	State	Zip Code		30.00
Baton Rouge	LA	70816		n ID : c841b340-71bd-40a6-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
Tabitha M Ecuyer			M = M	/ D D / Y Y Y Y Y Y 10 2014
Mailing Address 3738 Woodland Ridge Blvd			Amount	
City	State	Zip Code		30.00
Baton Rouge	LA	70816		ID: ad3f21ef-1716-4b6f-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Noppose Noppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	264421.29	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	60.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7 7
				7 7 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	
Jigilataio				

Schedule E)	INI EXI END	ITORES		PAGE 9 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cathy Longtin				11 10 / 2014
Mailing Address 827 Navavre Ave			Amour	nt
City	State	Zip Code		65.00
New Orleans	LA	70124		action ID : 8f5e2f51-0f5b-444a-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 10 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	:	264421.29	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cathy Longtin			M	11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amou	nt
City	State	Zip Code		9.00
New Orleans	LA	70124		ction ID: 5c5c8875-c0b3-40ad-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 10 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			74.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
				

Sc	hedule E)	A: =: 1.	1101120				PAGE 10 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
						M M	/ D D / Y Y Y Y Y
Che		New repo	ort Ame	ends repo	ort filed on		
	Full Name of Payee Antoinette Franklin				Date	of Publi	ic Distribution/Dissemination
	Mailing Address 8822 Apple St				Amo		
ŀ	City Stat	te	Zip Code				50.00
	New Orleans LA	4	70188				ID: e765b711-5dea-4e48-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 11	10 2014
Ī	Name of Federal Candidate		s	Support	Office Soug	ıht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	·	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	264421.29		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Antoinette Franklin				Date	of Publ	ic Distribution/Dissemination
	Allonette i fankin					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 8822 Apple St				Amo	ount	
-	City Sta		Zip Code				12.00
	New Orleans LA		70188				D: 23f2e6e6-773e-40f2-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		11	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		S	Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		264421.29)	Disburseme 2014		Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures						62.00
((b) SUBTOTAL of Unitemized Independent Expenditures.						4 1 4
((c) TOTAL Independent Expenditures				•	7	
٧	Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M	12	/ Y Y Y Y Y 2014
	Signature		_				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 4	8-hour report New repo	ort Amends report f	iled on DD / YTYTY
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	50.00
New Orleans	LA	70188	Transaction ID : 11f6ddb5-f9f5-4b89-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support O	ffice Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	nt 2		isbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	12.00
New Orleans	LA	70188	Transaction ID : 1edff793-4dcb-4261-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support C	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ht		isbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		62.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures)	
(c) TOTAL Independent Expenditu	ires	······································	
	on of, any candidate or authorized		made in cooperation, consultation, or concert ither, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 12 2014
Signature			

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Sch	nedule E)		Office		PAGE 12 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report New	repoi	rt Amends repor	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee			Da	late of Public Distribution/Dissemination
	Laura U Logie				11 10 / 2014
ľ	Mailing Address 2565 Shire Circle			Ar	mount
	City State		Zip Code		30.00
- 1	Harrisonburg VA		22801		ransaction ID: 9172f735-e7a1-4931-8 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose		esident State: LA
	Calendar Year-To-Date Per Election for Office Sought	26	64421.29	Disburser 2014	ement For: Primary X General Other (specify) ▶
	Full Name of Payee			D	Date of Public Distribution/Dissemination
	Tammay Williams				M M / D D / Y Y Y Y
	Mailing Address 924 N. Prieur St				11 10 2014
	924 N. Fileur St			A	mount
(City State	7	Zip Code		70.00
	New Orleans LA		70116	Tra D	ansaction ID : fe2d8563-568d-4517-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	264421.29	Disburse 2014	ement For: Primary
					400.00
(a	a) SUBTOTAL of Itemized Independent Expenditures			• _	100.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(с	c) TOTAL Independent Expenditures			•	
wi	nder penalty of perjury I certify that the independent expendituith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Elec	ctronic	cally Filed] Date	11	12 2014
	Signature				

Schedule E)	INI EXI END	ITOTILO		PAGE 13 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	10 2014
City	State	Zip Code		16.50
New Orleans	LA	70116		D: 01e9482d-5c1d-4188-b irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M - M /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Tammay Williams			M = M /	10 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116		D: 0adfd0bc-18f6-4771-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	264421.29	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures			86.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
,,			7	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
V				

Schedule E)	LIVI EXI EIVE	ITOTILS		PAGE 14 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Tammay Williams			M = M	blic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	10 2014
City	State	Zip Code		70.00
New Orleans	LA	70116		n ID: 13cfa48a-b311-4326-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Tammay Williams			11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		16.50
New Orleans	LA	70116		n ID: b4a5d994-09d2-4012-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	10 Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expend	itures			86.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
				7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 12	
- 3				

Schedule E)	INI EXI END	ITOTILO		PAGE 15 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	10 2014
City	State	Zip Code		16.50
New Orleans	LA	70116		D: af953d6e-9dd3-4005-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,	264421.29	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Tammay Williams			11 /	10 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116		: 8e3f6867-6f4e-4ae2-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- 7 7	264421.29	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			86.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			7	4
(c) TOTAL Independent Expenditures			•	47- 47-
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
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Schedule E)	LITT EXI LITE			PAGE 16 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	V Name and	Amanda yana	w filed as	M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Tammay Williams			М	Public Distribution/Dissemination 1 10 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		16.50
New Orleans	LA	70116		ction ID: c6ea4e18-c2f2-441c-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	1 10 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Gary W Fuhrmann				Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive				1 10 2014
5-120 0000.00 Dillo			Amount	
City	State	Zip Code		50.00
Shreveport	LA	71106		tion ID : 3a7a0631-c3d4-4591-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 10 / 2014 Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures			66.50
(a) CODITION OF ROTHERON THEOPORTON EMPS.	ilturos		, F	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		· •	4 4
(c) TOTAL Independent Expenditures			•	4 . 4 . 4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		12 / 2014
Signature		_		

Schedule E)	TI EXI END	II OI LO		PAGE 17 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y Y
Full Name of Payee Gary W Fuhrmann				of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive			Amour	11 10 2014 nt
City	State	Zip Code		7.80
Shreveport	LA	71106		action ID : fa3510e5-330f-4ecf-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 10 2014
Name of Federal Candidate		Support	Office Sough	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	264421.29	Disbursement 2014 Of	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Beau Autin			М	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amou	nt
City	State	Zip Code	— Г.	47.50
Metairie	LA	70006		ction ID : f2150e99-3d59-4afe-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 10 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	'es			55.30
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 11	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	TI EXI EILD	TOTILO		PAGE 18 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Beau Autin			M M M	10 / 2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		0.96
Metairie	LA	70006		ID: 1811aaff-299b-4f74-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	264421.29	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination
Christopher L Gilbert			M M M M M M M M M M M M M M M M M M M	10 2014
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		80.00
Picayune	MS	39466		D: bb2b4175-289c-401a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	es			80.96
				1 4 1 4 1
(b) SUBTOTAL of Unitemized Independent Expend	itures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
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Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 19 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert			M = M /	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			Amount	10 2014
City	State	Zip Code		47.40
Picayune	MS	39466		: a98c4598-85e4-4e21-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Patricia F Arnold			Date of Public	Distribution/Dissemination
Mailing Address 1117 Clipper Dr			11 /	10 2014
1			Amount	
City	State	Zip Code		15.00
Slidell	LA	70458		7ed6b62c-e431-418c-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			62.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
			7	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 12	2014
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Schedule E)	IVI EXI EIVE	ATTOTILES		PAGE 20 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold			M	
Mailing Address 1117 Clipper Dr			Amount	10 2014
City	State	Zip Code		4.50
Slidell	LA	70458		ion ID : c7a51d31-e8f5-4df9-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement F	or:
Full Name of Payee			Date of I	Public Distribution/Dissemination
Zachary Vidrine			M 11	
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		60.00
Ville Platte	LA	70586		on ID: 5352d513-bcc6-4d3e-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			64.50
(b) SUBTOTAL of Unitemized Independent Exper	ditures		.	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		12 2014
Signature				

Sc	hedule E)				PAGE 21 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if X 24-hour report 48-hour report Ne	w repo	ort Amends repo	rt filed or	M = M / D = D / Y = Y = Y
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Zachary Vidrine				11 10 2014
	Mailing Address 202 Rue Des Cajun			Δ	Amount
ŀ	City State		Zip Code		18.90
	Ville Platte LA		70586		Fransaction ID: 04aecac6-87e2-48dc-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 10 / 2014
ı	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disburse 2014	ement For: Primary X General Other (specify) ▶
ſ	Full Name of Payee				Date of Public Distribution/Dissemination
1	Lesley Lennox				M M / D D / Y Y Y Y Y
ŀ	Mailing Address 2305 Cleary Ave				11 10 2014
	Mailing Address 2305 Cleary Ave			A	Amount
ľ	City State		Zip Code		15.00
	Metairie LA		70001		ransaction ID : 1536c544-26ae-4c29-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 10 / 2014
Ī	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose	P	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		264421.29	Disburse 2014	ement For:
((a) SUBTOTAL of Itemized Independent Expenditures			•	33.90
((b) SUBTOTAL of Unitemized Independent Expenditures			• •	
((c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend vith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	lectron	ically Filed] Date	11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Sche	edule E)	EXI END	101120				PAGE 22 OF 52 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
Check	t if X 24-hour report 48-hour report	New repo	ort Amends	s report	filed on	- M /	D = D / Y = Y = Y
	ull Name of Payee				Data	5 Dublic	Distribution/Dissemination
	Lesley Lennox					11 Public	c Distribution/Dissemination
М	ailing Address 2305 Cleary Ave				Amou	nt	
Ci	ity	State	Zip Code				1.50
	Metairie	LA	70001				D : fae2bc90-e5ff-454e-a irsement or Obligation
	urpose of Expenditure //ileage		Category/ Type	002	М	11 /	10 / 2014
Na	ame of Federal Candidate		Supp	ort C	Office Sough	t:	House District: 00
M	ns. Mary L Landrieu		У Орро		Preside	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 2	64421.29		Disbursemen 014 O		Primary
	ull Name of Payee				Date	of Public	c Distribution/Dissemination
1	Christopher Marquess				IV	11 /	10 2014
M	lailing Address 110 W Pecan St					11	10 2014
	110 11 3041 3.				Amou	nt	
С	ity	State	Zip Code				50.00
<u> </u>	/ille Platte	LA	70586				D: 845ae19f-4bf2-4e30-9 ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001	N/	11 M	10 / 2014
N	ame of Federal Candidate		Supp	oort	Office Sough	t:	House District: 00
M	/ls. Mary L Landrieu		X Oppo		Preside	ent \(\)	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	264421.29		Disbursemen 2014 O		Primary ⊠ General Decify) ►
(a)	SUBTOTAL of Itemized Independent Expenditures	i)	<u> </u>	- -	51.50
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			•		1 7 1 7
(c)	TOTAL Independent Expenditures)	-	7	114114
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M /	12	2014
-	Signature	_	_	-			

### PEC IDENTFICATION NUMBER ▼ C C00530766		modulo E)			FOR SE OF	FORM 24/48
C C00530766 Check if				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St City State Zip Code Wile Platte LA 70586 Name of Federal Candidate Mis. Mary L Landrieu Calegory/ Caledor Period Calegory/ Caledor Calegory/ Cale	۷۱	romen Speak Out PAC		С	C00530766	
Christopher Marquess Mailing Address 110 W Pecan St City State Zip Code Ville Platte LA 70586 Purpose of Expenditure Mileage Name of Federal Candidate Schardson Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Transaction ID : 815a9333-cca4-483a-8 Date of Disbursement or Obligation MS. Mary L Landrieu Oppose President Senate State: LA Calendar Year-To-Date Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Disbursement For: Primary General Prayee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Name of Federal Candidate Support Office Sought House District: 00 Transaction ID : 815a9333-cca4-483a-8 Date of Disbursement or Obligation Thouse Sought House District: 00 Transaction ID : 805g402e-45g-463a-8 Date of Disbursement or Obligation The Composer of Expenditure Support Office Sought House District: 00 Transaction ID : 805g402e-45g-460-9 Date of Disbursement or Obligation The Composer of Expenditure Support Office Sought House District: 00 Transaction ID : 805g402e-45g-460-9 Date of Disbursement or Obligation The Composer of Expenditure Support Office Sought House District: 00 Transaction ID : 805g402e-45g-460-9 Date of Disbursement or Obligation The Composer of Expenditure Support Office Sought House District: 00 Transaction ID : 805g402e-45g-460-9 Date of Disbursement or Obligation The Composer of Expenditure Support Office Sought House District: 00 Transaction ID : 805g402e-45g-46g-46g-46g-46g-46g-46g-46g-46g-46g-46	Che	eck if 24-hour report 48-hour report New report Amends report filed	on	- M	/ D = D /	Y = Y = Y
Mailing Address 110 W Pecan St Mailing Address 110 W Pecan St	\sqcap		Date o	of Pub	lic Distribution/	/Dissemination
City State Zip Code Ville Platte LA 70586 Purpose of Expenditure Mileage		·				
Ville Platte LA 70586 Transaction ID: 815a3933-cca4-483a-8 Date of Disbursement or Obligation Date of Expenditure Support Disbursement or Obligation Date of Date Date of Date of Date Date of Date Date of		Mailing Address 110 W Pecan St	Amour	nt		
Ville Platte LA 70586 Transaction ID: 815a3933-cca4-483a-8 Date of Disbursement or Obligation Date of Expenditure Support Disbursement or Obligation Date of Date Date of Date of Date Date of Date Date of		City State Zip Code				34.20
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Calendar Year-To-Date Purpose of Expenditure Salary Name of Pederal Candidate LA 70503 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Type Ont Transaction ID: a698402e-4690-4d60-9 Date of Disbursement or Obligation Transaction ID: a698402e-4690-4d60-9 Date of Disbursement ID: a698402e-4690-4690-4690-4690-4						
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State LA 70503 Transaction ID: a698402-469-4d60-9 Date of Public Distribution/Dissemination Amount City State LA 70503 Transaction ID: a698402-469-4d60-9 Date of Disbursement or Obligation Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election		Mileage Category/ 002		- M	/ D D /	Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought President Senate State: LA Disbursement For: Primary General 2014 Other (specify) ▶ Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Salary Category/ 1/19 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought		Name of Federal Candidate Support Office	Sought	t:	House	District:00
Per Election for Office Sought Per Election for Office Sought 264421.29 2014 Other (specify) ▶		Ma Marriel Landers				State: LA
Full Name of Payee Francis Richardson Mailing Address 220 Doucet Rd City State Zip Code Lafayette LA 70503 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Ms. Emily Buchanan Date of Public Distribution/Dissemination 11		Calcinal Teal to Bate				General
Mailing Address 220 Doucet Rd Amount City State Zip Code Lafayette LA 70503 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Character State State: Character State: Character State: Character State: Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Elec			Date of	of Pub	olic Distribution	
City State Zip Code LA 70503 Transaction ID: a698402e-469e-4660-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Mailing Address	IV.			
Lafayette LA 70503 Transaction ID: a698402e-469c-4d60-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Oppose President Senate State: LA Disbursement For: Primary Other (specify) Other (specify) Cother (specify) Cot TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Tables		ZZU DUUCEL RU	Amou	nt		
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		·				- 10
Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought		•				
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Salary Odlegory 001				
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Name of Federal Candidate Support Office	Sough	t:	House	District:00
Calendar Year-To-Date Per Election for Office Sought 264421.29 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures			_			
(a) SUBTOTAL of Itemized Independent Expenditures		2014	L			/ X General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. J. D. D. J. Y.		(a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>		7	59.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM 1 12 2014	((b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	1	(c) TOTAL Independent Expenditures				
[Electronically Filed] Date 11 12 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Dutc II =		(F1 - + 11 - F2 - 11	1 /			
		Bate				

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour rep	port New report Amends	report filed on Man / Dab / Yayayay
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination
		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd		Amount
City	State Zip Code	3.00
Lafayette	LA 70503	Transaction ID : 57dec9fc-2159-49e5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002
Name of Federal Candidate	Suppo	rt Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppos	e President State: LA
Calendar Year-To-Date Per Election for Office Sought	264421.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave		11 10 2014 Amount
City	State Zip Code	45.00
Metairie	LA 70001	Transaction ID: 68d385bc-1dce-4b0d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001
Name of Federal Candidate	Suppo	rt Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppos	e President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	264421.29	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures	48.00
(b) SUBTOTAL of Unitemized Independent	Expenditures	······ >
(c) TOTAL Independent Expenditures		······· >
	candidate or authorized committee or age	ere not made in cooperation, consultation, or concert ent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed]	Date 11 12 2014
Signature		

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Evelyn Lesaicherre		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	A	mount
City Sta	ate Zip Code	4.20
		ransaction ID : c6e038c6-fea2-4f06-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident State: LA
Calendar Year-To-Date Per Election for Office Sought	264421.29 Disburse 2014	ement For:
Full Name of Payee Felicia A Jones Mailing Address 4106 Martha St		Date of Public Distribution/Dissemination 11 10 2014 Amount
City	ate Zip Code	80.00
1 '	.A 71109 Tr a	ansaction ID: 2f9e5994-505e-4681-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 1 1 10 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident State: LA State:
Calendar Year-To-Date Per Election for Office Sought	264421.29 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	84.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	12 2014
Signature		

PAGE

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OF

Schedule E)	ENT EXILID	ITOTILO		PAGE 26 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Felicia A Jones			11 /	10 / 2014
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		7.80
Shreveport	LA	71109		D: 9946f714-9e51-4f09-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
Full Name of Payee			Date of Public	Distribution/Dissemination
Donna S Wilson			M M /	10 / 2014
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		20.00
Baton Rouge	LA	70816		: 2af929f3-e6ab-43ae-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	264421.29	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures			27.80
,				7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014

Schedule E)		1 L /(1 L /(2)	1101120		PAGE 27 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	: PAC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
Full Name of Payee Donna S Wilson				_	of Public Distribution/Dissemination
Mailing Address 4456 C	ountry Hill Dr			Amou	11 10 2014 unt
City		State	Zip Code		6.00
Baton Rouge		LA	70816		saction ID : f25792f4-4e32-484d-9 of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		11 10 / 2014
Name of Federal Candid	late		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-To-D Per Election for Off	****	2	264421.29	Disbursemer 2014	nt For:
Full Name of Payee Sarah Bassil					of Public Distribution/Dissemination
Mailing Address 7650	Fallswood Way			Amou	11 10 2014 unt
City		State	Zip Code		20.00
Lorton		VA	22079	Transa Date	action ID: 80511dbd-cf3e-4e2c-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001	$\Box \mid \Box$	11 10 / 2014
Name of Federal Candid	date		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To-D Per Election for Off		<u></u>	264421.29	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemize	ed Independent Expenditure	ès		.	26.00
(b) SUBTOTAL of Uniten	nized Independent Expendit	:ures		. .	
(c) TOTAL Independent	Expenditures			. •	
with, or at the request or		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	cically Filed] Date	e 11	12 2014
Signature					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 28 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			11 10 2014 Amount
City	State	Zip Code	90.00
Berryville	VA	22611	Transaction ID : 2c7a7b5b-4340-4ff0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	264421.29	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	60.00
New Orleans	LA	70119	Transaction ID : 6e383520-d8bc-4036-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 10 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 150.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			4 4
(c) TOTAL Independent Expenditures			· •
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 12 2014
S.g. accio			

Schedule E)	IVI EXI END	ITOTILO		PAGE 29 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Elvis Spears			M 11	10 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		9.30
New Orleans	LA	70119		n ID: 73ece574-39ff-4afd-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Cynthia N Schmit			M = M	/ D D / Y Y Y Y Y Y 10 2014
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code		27.50
Winchester	VA	22601		ID: ae49cbca-e5b3-4464-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	36.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(a) actionized independent Expen				p
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	
- 3				

· · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New rep	ort Am	ends repo		M = M	/ D D /	Y = Y = Y
Full Name of Payee Hannah J Landry				Date	of Publ	lic Distribution/	Dissemination
,					M M M	10	2014
Mailing Address 1110 N Coolidge				Amo	unt		
City	State	Zip Code		— Г			40.00
Gonzales	LA	70737				ID: 9df1953coursement or C	
Purpose of Expenditure Salary		Category/ Type	001] [M 11	10	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Ms. Mary L Landrieu		\boxtimes	Oppose	Presid	dent	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29		Disburseme		Primary	X General
Full Name of Payee Hannah J Landry Mailing Address 1110 N Coolidge				Date	M 11	lic Distribution/	Dissemination Y Y Y Y Y Y 2014
					ant.		
City Gonzales	State LA	Zip Code 70737		Trans	action	ID : 978e7f1d-	6.60 7fe4-4278-9
Purpose of Expenditure		1			of Disb	oursement or C	Obligation
Mileage		Category/ Type	002] [11 11	10	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Mary L Landrieu		X	Oppose	Presid	dent	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	264421.29	9	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditure	S			•	-		46.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			· -		7	
(c) TOTAL Independent Expenditures				· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M /	12	201	
Signature							

PAGE

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary C Lee	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1030 N Coolidge Ave	Amount
ŀ	City State Zip Code	30.00
	Gonzales LA 70737	Transaction ID : a992af83-7c36-45ce-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 264421.29	ursement For: Primary
ľ	Full Name of Payee Mary C Lee	Date of Public Distribution/Dissemination
١	•	11 10 2014
	Mailing Address 1030 N Coolidge Ave	Amount
ı	City State Zip Code	6.60
	Gonzales LA 70737	Transaction ID: 17fba999-0852-46ef-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 10 / 2014
١	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	36.60
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 12 2014
	Signature	

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OF

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
VVOI	men Speak Out PAC	C	C00530766
Check	if X 24-hour report 48-hour report New report Amends report file	d on	/
	II Name of Payee	Date of F	Public Distribution/Dissemination
	eanne Tribou	11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 22369 Ponderosa Dr.	Amount	
Ci	ty State Zip Code		30.00
	landeville LA 70471		ion ID : 8ea42413-0e84-4cf0-8 Disbursement or Obligation
	Irpose of Expenditure Category/ Type 001	M 11	M / D D / Y Y Y Y
Na	ame of Federal Candidate Support Office	e Sought:	House District:00
М	s. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dist. 264421.29		or: Primary ⊠ General r (specify) ▶
Fu	ıll Name of Payee		Public Distribution/Dissemination
	eanne Tribou	M 11	M / D D / Y Y Y Y
M	ailing Address 22369 Ponderosa Dr.	Amount	تنتا تنا ــ
Ci	ty State Zip Code	· · · ·	7.20
	Mandeville LA 70471		on ID : 5429301d-7029-4a10-8 Disbursement or Obligation
	urpose of Expenditure fileage Category/ Type 002	11	M / D D / Y Y Y Y
Na	ame of Federal Candidate Support Office	ce Sought:	House District: 00
M	s. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dist 201		or: Primary X General r (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		37.20
(b)	SUBTOTAL of Unitemized Independent Expenditures		71171171
(c)	TOTAL Independent Expenditures		7
with	der penalty of perjury I certify that the independent expenditures reported herein were not		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D	12 2014
,	Signature		

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OF

Schedule E)	IN EXIEND	TTOTILO	<u> </u>	PAGE 33 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Eva M Johnston			Date of Public I	Distribution/Dissemination
Mailing Address 2517 N 47th St			Amount	10 2014
City Milwaukee	State WI	Zip Code 53210		25.00 : 5baebfc7-7978-4265-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Man /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	-	264421.29	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Philip Elkins			M - M /	Distribution/Dissemination
Mailing Address 227 Lincoln Dr			Amount	10 2014
City	State	Zip Code		30.00
Bossier City	LA	71111		6d56ee3c-c804-4b43-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	264421.29	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	55.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(a) TOTAL lades and ad Forest Three			3	4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / 12	2014
Signature				

Schedule E)	ENT EXILID	ITOTILO		PAGE 34 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Philip Elkins				c Distribution/Dissemination
Mailing Address 227 Lincoln Dr			11	10 / 2014
ZZ7 LINCOIN DI			Amount	
City	State	Zip Code		21.81
Bossier City	LA	71111		ID: 4a09a7af-f0fb-4949-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Jessica R Resendiz			M = M 11	10 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		50.00
Keithville	LA	71047		D: 1ee5e58a-8b5b-4ea6-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			71.81
			7	7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	7
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
<u>~</u>				

Schedule E)				PAGE 35 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Jessica R Resendiz				f Public Distribution/Dissemination
Mailing Address 9685 Paula St				11 10 / 2014
5 5555 Faula G			Amour	nt
City Keithville	State LA	Zip Code 71047	Transa	52.80 action ID : 44705042-23d6-494c-9
Purpose of Expenditure Mileage		Category/ Type 002	М	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Lilly Green				of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amour	
City	State	Zip Code		80.00
Shreveport	LA	71119	Transa Date o	ction ID : 54930275-bf6f-4017-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 10 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	;		.	132.80
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		MDERTI EXTERNO			PAGE 36 OF 52 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of F					of Public Distribution/Dissemination
Mailing Address	S 205 Medallion Circle				11 10 2014
City		State	Zip Code		40.50
Shreveport		LA	71119		action ID: 69ff0843-374f-4682-a of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002	М	11
Name of Feder	ral Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Lai	ndrieu		X Oppose	Preside	
	Year-To-Date on for Office Sought	2	264421.29	Disbursement 2014 Ot	For: Primary X General
Full Name of F Gregory G				М	of Public Distribution/Dissemination
Mailing Addres	S 2506 Bolch Street			Amour	
City		State	Zip Code		80.00
Shreveport		LA	71104	Transac Date of	ction ID : c9f66e9e-83c4-456d-9 of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001		11 / 10 / 2014
Name of Fede			Support	Office Sought	t: House District: 00
Ms. Mary L La	ndrieu		Oppose	Preside	ent X Senate State: LA
	Year-To-Date on for Office Sought		264421.29	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL	of Itemized Independent Ex	penditures		· [120.50
(b) SUBTOTAL	of Unitemized Independent	Expenditures			
(c) TOTAL Inde	pendent Expenditures			•	
with, or at the re		candidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	. Emily Buchanan	[Electron	ically Filed] Date	11 /	12 2014
Signature					

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)	ı	FEC I	DENTIFICATION	ON NUMBER ▼
VVO	men Speak Out PAC		С	C00530766	
Check	if X 24-hour report 48-hour report New report Amends report filed	on	М	/ D D /	Y I Y I Y I Y
	Ill Name of Payee	Date of	f Publ	ic Distribution/	Dissemination
	Gregory Green		11	10	2014
M	ailing Address 2506 Bolch Street	Amoun	t		
Ci	ty State Zip Code				29.40
	threveport LA 71104			ID: 613ae575 ursement or C	i-9b86-44df-8
	drpose of Expenditure Category/ Type 002	М	11	10	2014
Na	ame of Federal Candidate Support Office	Sought:	: [House	District:00
N	Is. Mary L Landrieu	Presider		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 264421.29	irsement Oth		Primary	General
Fu	ull Name of Payee				/Dissemination
	Francesca Blom	M	1 1 db.	/ 10 /	2014
М	ailing Address 101 Asbury Ct	Amoun	-		
С	ity State Zip Code	Г.			62.50
V	Vinchester VA 22602			D: b2df7503- oursement or (
	urpose of Expenditure Salary Category/ Type 001	M	11	10	2014
N	ame of Federal Candidate Support Office	e Sought	: [House	District: 00
M	Is. Mary L Landrieu Oppose	Preside	nt [Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbrace 264421.29			Primary	General
(a)	SUBTOTAL of Itemized Independent Expenditures		-7-	7	91.90
(b)	SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures		-7		
with	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of eithe ty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	12	/ Y Y 201	4
	Signature				

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OF

Schedule E)	INI EXI END	TOTILO		PAGE 38 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			Date of Pul	blic Distribution/Dissemination
Mailing Address 605 W Houston St			11 Amount	10 2014
			7 tilledill	
City	State TX	Zip Code 75633	Transactio	80.00 n ID : eca4fd32-0af2-4068-b
Marshall		73033		sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M - M 11	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement For: 2014 Other (: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Alice K Salazar			M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		46.80
Marshall	TX	75633		n ID : fabd2ddc-fd7b-4a51-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	/ D 10 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	264421.29	Disbursement For 2014 Other	: Primary X General
(c) CURTOTAL of the circuit below a deat Former dist				100.00
(a) SUBTOTAL of Itemized Independent Expenditu	ires		•	126.80
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D = 12	
Signature				

· · · · · · · · · · · · · · · · ·	FOR S	SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFI	CATION NUMBER ▼
Women Speak Out PAC	C C00530	766
Check if 24-hour report 48-hour report New	eport Amends report filed on) / Y = Y = Y
Full Name of Payee	Date of Public Distrib	ution/Dissemination
Windy Hageman	M M / D 10	
Mailing Address 5521 Randolph St.	Amount	
City State	Zip Code	40.00
Marrero LA	70072 Transaction ID : 205	
Purpose of Expenditure Salary	Category/ 001 11 11 10) / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House	se District: 00
Ms. Mary L Landrieu	Oppose President X Sena	ite State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Pr 2014 ☐ Other (specify) ▶	imary X General
Full Name of Payee Windy Hageman Mailing Address 5521 Randolph St.	Date of Public Distrib	D / Y Y Y Y Y
	Amount	
City State	Zip Code	4.20
Marrero LA	70072 Transaction ID : 4d3ff Date of Disbursemen	
Purpose of Expenditure Mileage	Category/ Type 002 11 11 10	
Name of Federal Candidate	Support Office Sought: House	se District: 00
Ms. Mary L Landrieu	Oppose President Sena	ate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Pr 264421.29 Other (specify)	imary X General
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4
(c) TOTAL Independent Expenditures	······································	7
Under penalty of perjury I certify that the independent expendituwith, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	onically Filed] Date 11 12	2014
Signature		

PAGE

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OF

Sched	lule E)				PAGE 40 OF 52 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee ynthia J Christmas			М	of Public Distribution/Dissemination
Mail	ling Address 1731 Frenchmen St			Amour	11 10 2014 nt
City	,	State	Zip Code	— [70.00
	w Orleans	LA	70116		action ID : 96df01df-bb2f-4c26-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		11 10 7 2014
Nan	ne of Federal Candidate		Support	Office Sought	t: House District: 00
Ms.	. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	264421.29	Disbursement 2014 Of	t For: Primary X General
C	Name of Payee ynthia J Christmas iling Address 1731 Frenchmen St				of Public Distribution/Dissemination
				Amou	nt
City Ne	ew Orleans	State LA	Zip Code 70116		9.00 ction ID : 619d3d8a-38b1-4fbf-b
	pose of Expenditure leage		Category/ Type 002	М	of Disbursement or Obligation
Nar	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	res		· •	79.00
(b) S	SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) T	TOTAL Independent Expenditures			·	7 1 7 1 7
with,	er penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	late or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	12 2014
Si	ignature				

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766	N NUMBER ▼
Women Speak Out PAC C c00530766	
Check if X 24-hour report 48-hour report X New report Amends report filed on	Y I Y I Y I Y
Full Name of Payee Date of Public Distribution/D	Dissemination
Carla K Pilgreen	2014
Mailing Address 212 Stonecliff Dr Amount	
City State Zip Code	22.50
West Monro LA 71291 Transaction ID: fb672da3- Date of Disbursement or Of	
Purpose of Expenditure Salary Category/ Type 001 11 10	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	X General
Full Name of Payee Date of Public Distribution/D	Dissemination
Carla K Pilgreen	2014
Mailing Address 212 Stonecliff Dr Amount	
City State Zip Code	6.30
West Monro LA 71291 Transaction ID : 38b22be7-4 Date of Disbursement or O	
Purpose of Expenditure Mileage Category/ Type O02 M 11 10 O02	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu Oppose President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought 264421.29 Disbursement For: □ Primary 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	28.80
	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultativith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 12 2014 Signature	

Schedule E)	INT EXILIND	ITOTILO		PAGE 42 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Julia Perry				11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amoun	t
City	State	Zip Code	— r	100.00
Shreveport	LA	71101		ction ID : 12bdde63-e2be-4b5f-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 10 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Julia Perry				11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amoun	t
City	State	Zip Code		9.00
Shreveport	LA	71101		ction ID : 5feb292b-8569-4bdd-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 10 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	264421.29	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			109.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Schedule E)	VI EXI EIVE	TOTILO		PAGE 43 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee ERIC TABARY				of Public Distribution/Dissemination
Mailing Address 6101 NORA ST				11 10 / 2014
			Amou	nt
City	State	Zip Code		50.00
METAIRIE	LA	70003		action ID : 8f59ecfa-4820-4134-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	264421.29	Disbursemer 2014	tt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
ERIC TABARY				11 10 7 2014
Mailing Address 6101 NORA ST			Amou	int
City	State	Zip Code	<u> </u>	1.50
METAIRIE	LA	70003		action ID: 14a4ef84-53de-4e28-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 10 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	res			51.50
,				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M /	12 / 2014
olyllatule				

Scl	hedule E)	ii Litoi					PAGE 44 OF 52 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
		1				M M	/ D = D / Y = Y = Y
_		New repo	ort Ame	ends repo	ort filed on		
	Full Name of Payee Carl Brent				Date	e of Publi	c Distribution/Dissemination
ŀ	Mailing Address 6718 Lake Willow Dr					11	10 2014
					Am	ount	
I	City State	э	Zip Code				80.00
	New Orleans LA		70126				ID : d201e7f6-c2ef-4633-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 11	10 2014
Ī	Name of Federal Candidate		s	Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	264421.29		Disbursem 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Carl Brent					M = M	/ D D / Y Y Y Y Y
-	Mailing Address 6718 Lake Willow Dr					11	10 2014
	OF TO LANC WINOW DI				Am	ount	
Ī	City State	e	Zip Code				12.00
	New Orleans LA		70126		Tran Dat	saction II e of Disb	D: a8de5bc3-d529-4064-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		11 11	10 2014
	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		264421.29	,	Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				· •	-	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures				•		
(c) TOTAL Independent Expenditures				•		7
W	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M = M	/ 12	2014
	Signature		_				

Schedule E)	TI EXI EITE	ITOTIES		PAGE 45 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Christine Stevens			Date of I	Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			11	10 2014
City	State VA	Zip Code	Transact	70.00
Winchester	VA	22602		tion ID: 4e8a90b2-735a-479b-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement F 2014 Othe	or: Primary X General
Full Name of Payee				Public Distribution/Dissemination
Jazmine d Conner			M = 11	
Mailing Address 100 ASBURY CT			Amount	
City	State	Zip Code		60.00
WINCHESTER	VA	22602		on ID : cdbf458b-4fb1-4a41-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	264421.29	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expenditure	es			130.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 7 7
(c) TOTAL Independent Expenditures			.	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		12 2014
Signature				

Schedule E)	NI EXI END	THORIES		PAGE 46 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Jon E Conner			M M 11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602		ID : cfe1d079-8566-4bef-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	264421.29	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Rodney O Culbreath			11	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		ID: 41670de6-6945-4be6-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	264421.29	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			130.00
			,	4-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures)	
(c) TOTAL Independent Expenditures)	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 12	2014
- 3				

Schedule E)	DEITI EXI END	ITOTILO	_	PAGE 47 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour repor	t New rep	ort Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee Rodney D Culbreth			Date of Public [Distribution/Dissemination
Mailing Address 100 Asbury CT			11 /	10 / 2014
3200 Dam Neck Rd			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		: b391ea93-28cd-441f-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	<u> </u>		Date of Public I	Distribution/Dissemination
Trevor Hageman			11	10 / 2014
Mailing Address 5521 Randolph St.			Amount	
City	State	Zip Code		20.00
Marrero	LA	70072		9b0b3936-557f-4a16-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	90.00
(b) SUBTOTAL of Unitemized Independent Ex	nenditures			
(b) SOBTOTAL OF OTHER MESON Macpendent La	portalitates			4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 12	2014
9				

Schedule E)	EXI EIVE	101120		PAGE 48 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends i	report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Rze Culbreath				Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct				11 10 2014 Amount
City St.	tate	Zip Code		60.00
	VA	22602		Transaction ID: 542370d3-2ac8-4164-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	11 10 7 2014
Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	64421.29	Disbu 2014	rsement For: Primary ☐ General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Brogan A Benoit				11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7144 South River Rd				Amount
City St	tate	Zip Code		60.00
	LA	70710		Transaction ID : 98f0ceee-1fb5-4605-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 0	01	M 11
Name of Federal Candidate		Suppoi	rt Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	e	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbu 2014	rrsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			····· >	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	s			
			ŕ	47 47 40
(c) TOTAL Independent Expenditures			······ >	7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed]	Date 1	
Signature				

Schedule E)	EXI END	101120		PAGE 49 OF 52 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M - M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report	X New repo	ort Amends rep	port filed o	on
Full Name of Payee Brogan A Benoit				Date of Public Distribution/Dissemination
Mailing Address 7144 South River Rd				11 10 2014
7 144 Soulli Rivel Ru				Amount
City	tate	Zip Code		7.20
Addis L	LA	70710		Transaction ID: f49d56de-fded-4a8a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	-	11 10 7 2014
Name of Federal Candidate		Support	Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	64421.29	Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Paul Sutphen				11 10 2014
Mailing Address 9 Rhine Drive				
				Amount
City	tate	Zip Code		35.00
	LA	70065	7	Transaction ID: 13f6ae59-2c0b-4bdc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	11 10 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		264421.29	Disbur 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			▶	42.20
(b) SUBTOTAL of Unitemized Independent Expenditures	S		···· •	
(c) TOTAL Independent Expenditures			····· •	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	I EXI END	TOTILO		PAGE 50 OF 52 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee Paul Sutphen			Date of P	ublic Distribution/Dissemination	
Mailing Address 9 Rhine Drive			11	10 2014	
			Amount		
City	State	Zip Code		9.00	
Kenner	LA 70065			on ID: 2492eddd-8131-4384-a isbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11	10 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, 2	64421.29	Disbursement For 2014 Other	or: Primary X General (specify) ▶	
Full Name of Payee			Date of P	Public Distribution/Dissemination	
Mr. Roger McKinney			10	29 / 2014	
Mailing Address 308 West Main Street			Amount		
City	State	Zip Code	$-\Box$	62.50	
Pilot Mountian	NC	27041		on ID: d0e0c1b8-4011-491f-8 Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1096873.27	Disbursement Fo	or: Primary X General r (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	es			71.50	
				7	
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7	
(c) TOTAL Independent Expenditures			•	4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		12 / 2014	
olyliature					

Schedule E)	PAGE 51 OF 52 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if X 24-hour report 48-hour report New report Am	mends report filed on				
Full Name of Payee Mr. Roger McKinney	Date of Public Distribution/Dissemination				
Mailing Address 308 West Main Street	10 29 2014 Amount				
City State Zip Code	15.96				
City State Zip Code Pilot Mountian NC 27041	Transaction ID : d430abf0-03e1-455c-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type	M M / D D / Y Y Y Y				
Name of Federal Candidate	Support Office Sought: House District: 00				
Ma Kasallanan	Oppose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 1096873.27	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee Mr. Roger McKinney	Date of Public Distribution/Dissemination				
Mailing Address 308 West Main Street	10 30 2014 Amount				
City State Zip Code	62.50				
Pilot Mountian NC 27041	Transaction ID : d5bcf26e-6252-45eb-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type					
Name of Federal Candidate	Support Office Sought: House District: 00				
	Oppose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 1096873.2	Disbursement For: Primary General 2014 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	78.46				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Signature	Date 11 / 12 / 2014				

Schedule E)	PAGE 52 OF 52 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if X 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y			
Full Name of Payee Mr. Roger McKinney	Date of Public Distribution/Dissemination			
Mailing Address 308 West Main Street	10 30 2014			
Walling Address 308 West Main Street	Amount			
City State Zip Code	13.05			
	Transaction ID: 288ef104-3814-4cb8-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office S	Sought: House District: 00			
Ms Kay Hagan	President State: NC			
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M = M / D = D / Y = Y = Y			
	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y			
Name of Federal Candidate Support Office S	Sought: House District:			
Oppose F	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	sement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	13.05			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	3630.71			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date Signature	12 / 2014			
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